DEP 5040 (April 2011) 401 KAR 42:060

CORRECTIVE ACTION REPORT CERTIFICATION



KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION

Mail completed form to:
DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KENTUCKY 40601

502-564-5981 http://waste.ky.gov/ust

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I. GENERAL INFORMATION									
Agency Interest No.:		UST Facility Address:			PSTEAF Application Number (if applicable):				
Latitude and Longitude of UST Facility: Latitude: Longitude:		County:			UST Facility Name:				
REPORT TYPE:									
☐ Conceptual Site Model (CSM) Report☐ Feasibility Study Report☐ Pilot Study Report			 ☐ Corrective Action Plan (CAP) Report ☐ Risk Assessment Report ☐ Other 						
		CONTAC	T INF	ORMATION:					
Tank Owner Name:			Contractor/Consultant Name:						
Address:			Address:						
City:	County:	Zip code:	City:		County:	Zip code:			
Telephone:	Fax:	E-mail:	Telephone:		Fax:	E-mail:			
II. CERTIFICATION									
Under the requirements of KRS Chapter 322 and 322A, this report shall be completed and signed by a Professional Geologist (P.G.) registered with the Kentucky Board of Registration for Professional Geologists, or a Professional Engineer (P.E.) licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors. I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. Name and Title (Type or Print): Signature/Date: Registration Number, Date and Seal:									
SEAL									

If you have questions on how to fill out this form or to request a review of your site records, contact the UST Branch at 502-564-5981 or visit our Web site at http://waste.ky.gov/ust.